| Fill in this information to identify your c | Fill in this information to identify your case: | | | | | | |
|---|--|--|--|--|--|--|--|
| United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK | | | | | | | |
| Case number (if known): | Chapter you are filing under: ✓ Chapter 7 ─ Chapter 11 ─ Chapter 12 ─ Chapter 13 | | | | | | |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|---|--|---|
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, | Elizabeth First Name | First Name |
| | your driver's license or passport). | Middle Name | Middle Name |
| | , | Ovili | |
| | Bring your picture identification to your meeting | Last Name | Last Name |
| | with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| 2. | All other names you | | |
| | have used in the last 8 years | First Name | First Name |
| | Include your married or | Middle Name | Middle Name |
| | maiden names. | Last Name | Last Name |
| 3. | Only the last 4 digits of | | |
| | your Social Security | xxx - xx - <u>1</u> <u>5</u> <u>8</u> <u>7</u> | xxx - xx |
| | number or federal Individual Taxpayer | OR | OR |
| | Identification number | 9xx - xx - | 9xx - xx - |

(ITIN)

| Debtor 1 Elizabeth Ovili | | Elizabeth Ovili | | Case number (if known) | | | |
|--------------------------|------------------|---|--|---|--|--|--|
| | | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
| and Er | | usiness names nployer | ✓ I have not used any business names or l | r EINs. | | | |
| | (EIN) y | ication Numbers ou have used in t 8 years | Business name | Business name | | | |
| | | de trade names and | Business name | Business name | | | |
| | doing b | ousiness as names | Business name | Business name | | | |
| | | | | | | | |
| | | | | | | | |
| 5. | Where | you live | | If Debtor 2 lives at a different address: | | | |
| | | | 213 Simonson Avenue Number Street | Number Street | | | |
| | | | | | | | |
| | | | Staten Island NY 10303 | | | | |
| | | | City State ZIP Code | City State ZIP Code | | | |
| | | | County | County | | | |
| | | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address. | | | |
| | | | Number Street | Number Street | | | |
| | | | P.O. Box | P.O. Box | | | |
| | | | City State ZIP Code | City State ZIP Code | | | |
| 6. | | ou are choosing | Check one: | Check one: | | | |
| | this dis | strict to file for uptcy | Over the last 180 days before filing this petition, I have lived in this district longe than in any other district. | | | | |
| | | | I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| P | art 2: | Tell the Court A | Sbout Your Bankruptcy Case | | | | |
| | | apter of the uptcy Code you | Check one: (For a brief description of each, se for Bankruptcy (Form 2010)). Also, go to the to | ee Notice Required by 11 U.S.C. § 342(b) for Individuals Filing top of page 1 and check the appropriate box. | | | |
| | are cho under | oosing to file | ☑ Chapter 7 | | | | |
| | | | Chapter 11 | | | | |
| | | | Chapter 12 | | | | |
| | | | Chapter 13 | | | | |

| Deb | otor 1 Elizabeth | Ovili | Case number (if known) | | | | | | |
|-----|---------------------------------------|-------------------|-------------------------------------|---|---|---|--|----------------|--|
| 8. | How you will pay t | the fee 📝 | court for pay with | ny the entire fee when I r more details about how a cash, cashier's check, o your attorney may pay w | you may pay. Typica or money order. If you | ally, if you are pay ur attorney is sub | ving the fee yourself, yo mitting your payment or | u may | |
| | | | | o pay the fee in installr | • | | and attach the Applicat | on for | |
| | | | By law, a than 150 fee in ins | st that my fee be waive a judge may, but is not r 0% of the official poverty astallments). If you choo ee Waived (Official Form | equired to, waive you line that applies to you se this option, you mu | r fee, and may do our family size an ust fill out the App | so only if your income d you are unable to pay | is less the | |
| 9. | Have you filed for | I | No | | | | | | |
| | bankruptcy within last 8 years? | tne | Yes. | | | | | | |
| | | Dis | rict | | Whe | | Case number | | |
| | | D:- | | | M/II | MM / DD / YYYY | 0 | | |
| | | Dis | rict | | Whe | n MM / DD / YYYY | Case number | | |
| | | Dis | rict | | Whe | n MM / DD / YYYY | Case number | | |
| 10. | Are any bankrupto | y 🗹 | No | | | | | | |
| | cases pending or lifed by a spouse v | | Yes. | | | | | | |
| | not filing this case | with Del | tor | | | Relationsh | nip to you | | |
| | you, or by a busing partner, or by an | ess Dis | rict | | Whe | | Case number, | | |
| | affiliate? | | | | | MM / DD / YYYY | | | |
| | | Deb | tor | | | Relationsh | nip to you | | |
| | | Dis | rict | | Whe | | Case number, | | |
| | | | | | | MM / DD / YYYY | if known | | |
| 11. | Do you rent your residence? | | | Go to line 12. Has your landlord obtaine | ed an eviction judame | nt against you? | | | |
| | | Ц | 100. | ¬ No. Go to line 12. | a an eviolien jaagme | nt agamst you. | | | |
| | | | L | | statement About an Ev | viction Judgment | Against You (Form 101 | A) | |
| | | | _ | | this bankruptcy petitio | • | , | • | |

| Deb | tor 1 | Elizabeth Ovili | | | | Case number (i | if known) | | | |
|--------------------|------------------------------|--|-------|---|--|---|-------------------------------|--------------------------|----------------------------------|--|
| Pa | art 3: | Report About An | ıy Βι | ısine | sses You Own as a | a Sole Proprietor | | | | |
| 12. | - | a sole proprietor ull- or part-time ss? | | | Go to Part 4. Name and location of b | usiness | | | | |
| | | proprietorship is a s you operate as an | | | Name of business, if any | | | | | |
| | separate | al, and is not a e legal entity such as ration, partnership, or | | | Number Street | | | | | |
| | sole pro | ave more than one prietorship, use a | | | City | | State | ZIP Co | de | |
| | | parate sheet and attach it this petition. | | | Health Care Busin Single Asset Rea | ness (as defined in 11 U.S.C. § Il Estate (as defined in 11 U.S.C gefined in 11 U.S.C. § 101(53A)) er (as defined in 11 U.S.C. § 100 er | 101(27A)) c. § 101(51B) |)) | | |
| Chapter Bankrup | | you filing under oter 11 of the cruptcy Code and ou a <i>small business</i> | | set ap | propriate deadlines. If you | the court must know whether you indicate that you are a small nent of operations, cash-flow state exist, follow the procedure in | ll business d atement, and | ebtor, you federal in | must attach your come tax return | |
| | debtor | debtor? | | No. | I am not filing under C | hapter 11. | | | | |
| | | a definition of small ness debtor, see | | No. | I am filing under Chap the Bankruptcy Code. | ter 11, but I am NOT a small bu | siness debto | or accordin | g to the definition in | |
| | 11 U.S. | U.S.C. § 101(51D). | | Yes. | I am filing under Chap Bankruptcy Code. | ter 11 and I am a small busines | s debtor acc | ording to t | he definition in the | |
| Pa | art 4: | Report If You Ov | vn oı | Hav | e Any Hazardous F | Property or Any Property | / That Nee | eds Imm | ediate Attention | |
| 14. | propert alleged immine | property that poses or is alleged to pose a threat of | | alleged to pose a threat of imminent and identifiable | | What is the hazard? | | | | |
| | safety? any pro | | | | If immediate attention | is needed, why is it needed? | | | | |
| | perisha livestoc | mple, do you own ble goods, or k that must be fed, or ng that needs urgent | | | Where is the property? | Number Street | | | | |
| | | | | | | City | | State | ZIP Code | |

Debtor 1 Elizabeth Ovili

Case number (if known)

15. Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Explain Your Efforts to Receive a Briefing About Credit Counseling

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| V | I am not | required | to | receive | а | briefing | abou |
|---|----------|-----------|----|---------|---|----------|------|
| | | ounselina | | | | | |

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances

rational decisions about finances.

✓ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to | receive | а | briefing | abou |
|----------------------|----------|-----|----------|------|
| credit counseling b | ecause o | ١f٠ | | |

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Debtor 1 | | Elizabeth Ovili | | | | | Case number (if known) | | | | |
|----------|--|---|-------|-------------------------------------|---|------------------------|--|---------|--|--|--|
| P | art 6: | Answer These C | Quest | ons fo | r Reporting F | urpos | es | | | | |
| 16. | What k have? | ind of debts do you | 16a. | as "ind | _ | /idual pr b. | sumer debts? Consumer de imarily for a personal, family, | | re defined in 11 U.S.C. § 101(8) usehold purpose." | | |
| | | | 16b. | money | for a business of o. Go to line 160 es. Go to line 17 | or investi c. 7. | ment or through the operation | n of th | | | |
| | | | 16c. | State t | ne type of debts | you owe | e that are not consumer or bu | sines | s debts. | | |
| 17. | Are you filing under Chapter 7? | | | No. I | am not filing und | er Chap | ter 7. Go to line 18. | | | | |
| | any ex exclud admini are pai availab | estimate that after empt property is ed and strative expenses d that funds will be ole for distribution ecured creditors? | ☑ | | dministrative exp | • | • | - | xempt property is excluded and to distribute to unsecured creditors? | | |
| 18. | | any creditors do timate that you | | 1-49 50-99 100-199 200-999 | | | 1,000-5,000 5,001-10,000 10,001-25,000 | | 25,001-50,000 50,001-100,000 More than 100,000 | | |
| 19. | | uch do you te your assets to th? | | \$100,00 | 000 -\$100,000 1-\$500,000 1-\$1 million | | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion | | |
| 20. | | uch do you te your liabilities to | | \$100,00 | 000 -\$100,000 1-\$500,000 1-\$1 million | | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion | | |

| Debtor 1 | Elizabeth Ovili | | Case number (if known) |
|----------|-----------------|---|---|
| Part 7: | Sign Below | | |
| or you | | I have examined this petition, and I d and correct. | eclare under penalty of perjury that the information provided is true |
| | | · | 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, I understand the relief available under each chapter, and I choose to |
| | | , . | d not pay or agree to pay someone who is not an attorney to help me d and read the notice required by 11 U.S.C. § 342(b). |
| | | I request relief in accordance with the | e chapter of title 11, United States Code, specified in this petition. |
| | | <u> </u> | nt, concealing property, or obtaining money or property by fraud in an result in fines up to \$250,000, or imprisonment for up to 20 years, 19, and 3571. |
| | | X /s/ Elizabeth Ovili Elizabeth Ovili, Debtor 1 | X Signature of Debtor 2 |
| | | Executed on 02/28/2020 MM / DD / YYYY | Executed on |

| Debtor 1 | Elizabeth Ovili | | Case number (if know | n) |
|------------|--|--|--|--|
| represente | not represented by y, you do not need | I, the attorney for the debtor(s) named eligibility to proceed under Chapter 7, 1 relief available under each chapter for the debtor(s) the notice required by 11 certify that I have no knowledge after a is incorrect. | 11, 12, or 13 of title 11, United Sta which the person is eligible. I also U.S.C. § 342(b) and, in a case in | tes Code, and have explained the ocertify that I have delivered to which § 707(b)(4)(D) applies, |
| | | X /s/ ROBERT PRIGNOLI, ESQ Signature of Attorney for Debtor | Date | 02/28/2020 MM / DD / YYYY |
| | | ROBERT PRIGNOLI, ESQ Printed name Law Office of Robert Prignoli Firm Name 475 Bement Avenue Number Street | | |
| | | Staten Island City | NY State | 10310 ZIP Code |
| | | Contact phone (718) 815-7800 | Email address Prigno | oli@aol.com |
| | | 012801989 Bar number | NJ State | _ |

| E | ill in this inf | ormation to i | dentify your case | and this filing: | | |
|---------------------|--|---|--|--|--|--|
| | ebtor 1 | Elizabeth | definity your oddo | Ovili | | |
| _ | COLOT | First Name | Middle Name | Last Name | | |
| | ebtor 2 Spouse, if filing) | First Name | Middle Name | Last Name | | |
| U | nited States Bar | nkruptcy Court fo | r the: EASTERN DIS | TRICT OF NEW YORK | | |
| | ase number | | | | Chook | if this is an |
| (if | known) | | | _ | _ | if this is an ed filing |
| | | | | | | |
| <u>Of</u> | ficial Form | 106A/B | | | | |
| Sc | hedule A/ | B: Property | у | | | 12/15 |
| the filir she | asset in the cang together, bornet to this form. | itegory where you th are equally re . On the top of a | ou think it fits best. B sponsible for supplyi any additional pages, | e as complete and accurate a ng correct information. If mo write your name and case nu | sset fits in more than one cat s possible. If two married pe re space is needed, attach a s mber (if known). Answer ever | ople are separate ry question. |
| 1. | | or have any lega | l or aquitable interest | in any residence, building, la | nd or similar property? | |
| ١. | No. Go t | | i or equitable interest | in any residence, building, la | na, or similar property: | |
| | | ere is the proper | ty? | | | |
| 2. | | - | • | of your entries from Part 1, in | _ | \$0.00 |
| | | | | | · | |
| P | art 2: Des | scribe Your V | ehicles | | | |
| | - | | • | | re registered or not? Include xecutory Contracts and Unexpir | - |
| 3. | Cars, vans, tr | ucks, tractors, s | sport utility vehicles, i | notorcycles | | |
| | ✓ No ☐ Yes | | | | | |
| 4. | • | • | • | recreational vehicles, other v | • | |
| | ✓ No ☐ Yes | | | | | |
| 5. | | - | • | of your entries from Part 2, in ite that number here | | \$0.00 |
| Р | art 3: Des | scribe Your P | Personal and Hous | sehold Items | • | |
| Do | you own or ha | ve any legal or e | equitable interest in a | ny of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 6. | Examples: Ma | oods and furnish ajor appliances, f | nings urniture, linens, china, | kitchenware | | |
| | □ No ✓ Yes. Des | cribe Furnit | ure | | | \$500.00 |
| | _ | | | | | |

Official Form 106A/B Schedule A/B: Property page 1

| Deb | tor 1 Elizabeth Ov | 'ili Case number (if known) | |
|-----|--|---|------------|
| 7. | music colle | and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; ctions; electronic devices including cell phones, cameras, media players, games | |
| | ☐ No ☑ Yes. Describe | Television and Cell Phone | \$400.00 |
| 8. | | nd figurines; paintings, prints, or other artwork; books, pictures, or other art objects; , or baseball card collections; other collections, memorabilia, collectibles | |
| | ✓ No ☐ Yes. Describe | | |
| 9. | canoes and | and hobbies tographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; l kayaks; carpentry tools; musical instruments | |
| | Yes. Describe | | |
| 10. | • | es, shotguns, ammunition, and related equipment | |
| | ✓ No ☐ Yes. Describe | | |
| 11. | Clothes Examples: Everyday c ☐ No | lothes, furs, leather coats, designer wear, shoes, accessories | |
| | Yes. Describe | Clothing | \$300.00 |
| 12. | Jewelry <i>Examples:</i> Everyday je gold, silver | ewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, | |
| | ☐ No ☑ Yes. Describe | Jewelry | \$400.00 |
| 13. | Non-farm animals Examples: Dogs, cats, | birds, horses | |
| | ✓ No ☐ Yes. Describe | | |
| 14. | Any other personal ar | nd household items you did not already list, including any health aids you | |
| | ✓ No Yes. Give specific information | | |
| 15. | | of all of your entries from Part 3, including any entries for pages you have √rite the number here→ | \$1,600.00 |
| P | art 4: Describe | Your Financial Assets | |

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

| Deb | tor 1 Elizabeth Ovili | | Ca | ase number (if known) | |
|-----|--|------------------------|---|----------------------------------|------------|
| 16. | Cash Examples: Money you have petition | e in your wallet, in y | rour home, in a safe deposit box, and on | hand when you file your | |
| | ✓ No Yes | | | Cash: | |
| 17. | , | ses, and other simila | al accounts; certificates of deposit; shar ar institutions. If you have multiple acco | · | |
| | ✓ No ☐ Yes | Institutio | on name: | | |
| 18. | | • | cks with brokerage firms, money market acco | ounts | |
| | ✓ No ☐ Yes | Institution or issue | er name: | | |
| 19. | _ | and interests in ir | ncorporated and unincorporated busin | nesses, including | |
| | ✓ No Yes. Give specific information about them | Name of entity: | | % of ownership: | |
| 20. | Negotiable instruments incl | lude personal check | r negotiable and non-negotiable instructs, cashiers' checks, promissory notes, a not transfer to someone by signing or de | and money orders. | |
| | ✓ No Yes. Give specific information about them | Issuer name: | | | |
| 21. | Retirement or pension acc Examples: Interests in IRA profit-sharing pl | , ERISA, Keogh, 40 | 01(k), 403(b), thrift savings accounts, or | other pension or | |
| | ✓ No Yes. List each account separately. | Type of account: | Institution name: | | |
| 22. | | eposits you have ma | ade so that you may continue service or d rent, public utilities (electric, gas, water | | |
| | ☑ No ☐ Yes | | Institution name or individual: | | |
| 23. | Annuities (A contract for a | | ayment of money to you, either for life o | r for a number of years) | |
| | ✓ No ☐ Yes | Issuer name and o | description: | | |
| 24. | Interests in an education 26 U.S.C. §§ 530(b)(1), 529 | | in a qualified ABLE program, or unde | er a qualified state tuition pro | ogram. |
| | ✓ No ☐ Yes | Institution name a | nd description. Separately file the recor | ds of any interests. 11 U.S.C | . § 521(c) |
| 25. | Trusts, equitable or future powers exercisable for yo | | erty (other than anything listed in line | 1), and rights or | |
| | No ☐ Yes. Give specific information about them | | | | |

| Deb | tor 1 | Elizabeth Ovili | Case | number (if known |) | |
|-----|----------------|--|--|---------------------|-----------------------|---|
| 26. | | | trade secrets, and other intellectual property; , websites, proceeds from royalties and licensing agree | ements | | |
| | Yes. | Give specific mation about them | | | | |
| 27. | | s, franchises, and other ges: Building permits, exclusion | general intangibles sive licenses, cooperative association holdings, liquor l | icenses, profession | onal licen | ses |
| | | Give specific mation about them | | | | |
| Mor | ney or pro | operty owed to you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refu | nds owed to you | | | | |
| | abou you | Give specific information ut them, including whether already filed the returns the tax years | | | Federal State: Local: | : |
| 29. | ☑ No | es: Past due or lump sum a | alimony, spousal support, child support, maintenance, o | | t, property | / settlement |
| | Yes. | Give specific information | | Alimony: | | |
| | | | | Maintenar | nce: | |
| | | | | Support: | | |
| | | | | Divorce se | | |
| | | | | Property s | settlemen | : |
| 30. | | | ou y insurance payments, disability benefits, sick pay, vac Security benefits; unpaid loans you made to someone e | | s' | |
| | ✓ No ☐ Yes. | Give specific information | | | | |
| 31. | | s in insurance policies es: Health, disability, or life | e insurance; health savings account (HSA); credit, home | eowner's, or rente | r's insura | nce |
| | com | Name the insurance pany of each policy list its value C | Company name: Beneficia | ıry: | Su | rrender or refund value: |
| 32. | If you are | | ue you from someone who has died g trust, expect proceeds from a life insurance policy, or e someone has died | are currently | | |
| | ✓ No ☐ Yes. | Give specific information | | | | |

| Deb | tor 1 | Elizabeth (| Ovili | Case number (if known) | |
|-----|---------------|-----------------------------------|--|--|--|
| 33. | | - | • | r not you have filed a lawsuit or made a demand for payment es, insurance claims, or rights to sue | |
| | ☑ No | | | | |
| | ☐ Yes | s. Describe e | ach claim | | |
| 34. | | contingent ar to set off clai | | ns of every nature, including counterclaims of the debtor and | |
| | ✓ No ☐ Yes | | ach claim | | |
| 35. | Any fin | ancial assets | s you did not already | y list | |
| | ✓ No | | fic information | | |
| 36. | Add the | e dollar value ed for Part 4. | of all of your entrie Write that number h | es from Part 4, including any entries for pages you have there | \$0.00 |
| D | | Deceribe | hny Business Ba | slated Dranavis, Va., Own or Hove on Interest In . Lie | t any real actate in Dort 1 |
| 1-6 | art 5. | Describe / | Ally Busilless-Re | elated Property You Own or Have an Interest In. Lis | t any real estate in Fart 1 |
| 37. | Do you | own or have | any legal or equital | ble interest in any business-related property? | |
| | | . Go to Part 6 s. Go to line 3 | | | |
| | | | | | Current value of the portion you own? Do not deduct secured |
| 38. | Accou | nts receivable | e or commissions ye | ou already earned | claims or exemptions. |
| | ☑ No | | | | |
| | Yes | s. Describe | | | |
| 39. | | les: Business | urnishings, and supported to the computers, solutions, electronic devices. | oftware, modems, printers, copiers, fax machines, rugs, telephones | i, |
| | ☑ No | | | | |
| | ☐ Yes | s. Describe | | | |
| 40. | Machin | nery, fixtures | equipment, supplie | es you use in business, and tools of your trade | |
| | ☑ No | | | | |
| | ☐ Yes | s. Describe | | | |
| 41. | Invento | ory | | | |
| | ☑ No | | | | |
| | ☐ Yes | s. Describe | | | |

Official Form 106A/B Schedule A/B: Property page 5

| Deb | tor 1 Elizabeth Ovili | Case number (if known) | |
|-----|---|---|------------|
| 42. | Interests in partnerships or joint ventures | | |
| | ✓ No ☐ Yes. Describe Name of entity: | % of ownership: | |
| 43. | Customer lists, mailing lists, or other compilations | | |
| | ✓ No ☐ Yes. Do your lists include personally identifiable information (as of No Yes. Describe | defined in 11 U.S.C. § 101(41A))? | |
| 44. | Any business-related property you did not already list | | |
| | ✓ No✓ Yes. Give specific information. | | |
| 45. | Add the dollar value of all of your entries from Part 5, including any en attached for Part 5. Write that number here | ntries for pages you have | 0.00 |
| Pa | Describe Any Farm- and Commercial Fishing-Relate If you own or have an interest in farmland, list it in Part 1 | | |
| 46. | Do you own or have any legal or equitable interest in any farm- or com | nmercial fishing-related property? | |
| | ✓ No. Go to Part 7. ☐ Yes. Go to line 47. | | |
| | | Current value of a portion you own? Do not deduct see claims or exemption | ? cured |
| 47. | Farm animals Examples: Livestock, poultry, farm-raised fish | | |
| | ✓ No ☐ Yes | | |
| 48. | Cropseither growing or harvested | | |
| | ✓ No Yes. Give specific information | | |
| 49. | Farm and fishing equipment, implements, machinery, fixtures, and too | ols of trade | |
| | ✓ No ☐ Yes | | |
| 50. | Farm and fishing supplies, chemicals, and feed | | |
| | ✓ No ☐ Yes | | |
| 51. | Any farm- and commercial fishing-related property you did not already | y list | |
| | ✓ No Yes. Give specific information | | |
| 52. | Add the dollar value of all of your entries from Part 6, including any en attached for Part 6. Write that number here | | 0.00 |

| Deb | btor 1 Elizabeth Ovili | Case n | umber (if known) | |
|-----|--|-----------------------------------|------------------------------|-------------|
| P | Part 7: Describe All Property You Own | or Have an Interest in That You I | Did Not List Above | e |
| 53. | Do you have other property of any kind you die Examples: Season tickets, country club members | • | | |
| | ✓ No✓ Yes. Give specific information. | | | |
| 54. | . Add the dollar value of all of your entries from | Part 7. Write that number here | | \$0.00 |
| P | Part 8: List the Totals of Each Part of the | nis Form | | |
| 55. | . Part 1: Total real estate, line 2 | | → | \$0.00 |
| 56. | Part 2: Total vehicles, line 5 | \$0.00 | | |
| 57. | . Part 3: Total personal and household items, lir | ne 15 \$1,600.00 | | |
| 58. | . Part 4: Total financial assets, line 36 | \$0.00 | | |
| 59. | . Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | . Part 6: Total farm- and fishing-related property | y, line 52 \$0.00 | | |
| 61. | . Part 7: Total other property not listed, line 54 | +\$0.00 | | |
| 62. | . Total personal property. Add lines 56 through | 61 \$1,600.00 | Copy personal property total | +\$1,600.00 |
| 63 | Total of all property on Schedule A/B. Add li | ine 55 + line 62 | | \$1,600.00 |

| Fill in this in | formation to id | lentify your o | ase: | | | | |
|--|---|---|---|------------------------------------|--|---|---------|
| Debtor 1 | Elizabeth | | Ovili | | | | |
| Dahtar 0 | First Name | Middle Name | Last Name | | | | |
| Debtor 2 (Spouse, if filing |) First Name | Middle Name | Last Name | | | | |
| United States Ba | ankruptcy Court for | the: EASTERN | N DISTRICT OF NE | <u> W Y</u> | ORK | ☐ Check if this is an | |
| Case number (if known) | | | | | | amended filing | |
| Official Form | n 106C | | | | | | |
| Schedule C | : The Prope | rty You Cl | aim as Exemp | ot | | | 04/19 |
| Using the property space is needed, | y you listed on Sch | nedule A/B: Prope o this page as m | erty (Official Form 10 | 6A/B) | as your source, list th | esponsible for supplying correct infor e property that you claim as exempt. essary. On the top of any additional p | If more |
| is to state a spec exempted up to t receive certain be exemption of 100 | cific dollar amount the amount of any enefits, and tax-e on of fair market v | t as exempt. Alt applicable statu xempt retiremen value under a la | ternatively, you may utory limit. Some ex nt fundsmay be unl w that limits the exe | clain xempt limite emptic | n the full fair market tionssuch as those d in dollar amount. I | you claim. One way of doing so value of the property being for health aids, rights to dowever, if you claim an lar amount and the value of the le statutory amount. | |
| Part 1: Ide | entify the Prop | erty You Cla | im as Exempt | | | | |
| 1. Which set of | f exemptions are y | you claiming? | Check one only, | even | if your spouse is filing | with you. | |
| | claiming state and claiming federal e | | kruptcy exemptions. J.S.C. § 522(b)(2) | 11 U. | S.C. § 522(b)(3) | | |
| 2. For any prop | perty you list on S | Schedule A/B th | at you claim as exer | mpt, f | ill in the information | below. | |
| • | of the property a at lists this proper | | Current value of the portion you own | | ount of the mption you claim | Specific laws that allow exempti | ion |
| | | | Copy the value from Schedule A/B | | ck only one box for n exemption | | |
| Brief description: Furniture Line from Schedu | le A/B: 6 | | \$500.00 | | \$500.00 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(3) | |
| | | | \$400.00 | $\overline{\mathbf{Z}}$ | \$400.00 | 11 U.S.C. § 522(d)(3) | |
| Brief description: | | | Ψ-100:00 | . <u>W</u> | 100% of fair market | 11 0.0.0. 3 022(0)(0) | |
| Brief description: Television and Line from <i>Schedu</i> | | | | | value, up to any applicable statutory limit | | |

| Debtor 1 Elizabeth Ovili | | Case number | (if known) |
|---|--|---|------------------------------------|
| Part 2: Additional Page | | | |
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
| | Copy the value from Schedule A/B | Check only one box for each exemption | |
| Brief description: Clothing Line from Schedule A/B:11 | \$300.00 | \$300.00 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(3) |
| Brief description: Jewelry Line from Schedule A/B:12 | \$400.00 | \$400.00 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(4) |

| Debtor 1 | | | | | | |
|---|---|--|--|--|--|---|
| | Elizabeth | | Ovili | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | |
| United States Bar | kruptcy Court for | the: EASTERN DI | STRICT OF NEW YOR | K | | |
| Case number | | | | | ☐ Check if this is | s an |
| (if known) | _ | | | | amended filing | |
| Official Form | 106D | | | | | |
| Schedule D: | Creditors V | Who Have Cla | aims Secured by | / Property | | |
| correct information On the top of any a | n. If more space additional pages, | is needed, copy the | ied people are filing tog e Additional Page, fill it nd case number (if knov operty? | out, number the entri | | |
| | ck this box and sul in all of the inform | | court with your other sch | edules. You have noth | ning else to report on th | is form. |
| Part 1: List | t All Secured (| Claims | | | | |
| claim, list the | creditor separately | editor has more than for each claim. If m st the other creditors | ore than one | Column A | Column B | |
| claim, list the of creditor has a much as possis creditor's name | creditor separately particular claim, lis ible, list the claims e. | ofor each claim. If mest the other creditors in alphabetical orde | nore than one in Part 2. As er according to the e property that | Column A Amount of claim Do not deduct the value of collateral \$416,368.05 | Column B Value of collateral that supports this claim \$416,368.05 | Column C Unsecure portion If any |
| claim, list the of creditor has a much as possi creditor's name | creditor separately particular claim, lis ible, list the claims e. | y for each claim. If m st the other creditors is in alphabetical orde Describe th secures the 213 Simon | e property that claim: | Amount of claim Do not deduct the value of collateral | Value of collateral that supports this claim | Unsecure portion |
| claim, list the of creditor has a much as possi creditor's name 2.1 Anthony Ortiz, Editor's name Friedman Varolo | creditor separately particular claim, list ble, list the claims e. | of for each claim. If most the other creditors in alphabetical order pescribe the secures the | e property that claim: | Amount of claim Do not deduct the value of collateral | Value of collateral that supports this claim | Unsecure portion |
| claim, list the of creditor has a much as possi creditor's name 2.1 Anthony Ortiz, E Creditor's name Friedman Varolo Jumber Street | creditor separately particular claim, list ble, list the claims e. sq. | profession of the control of the con | e property that claim: | Amount of claim Do not deduct the value of collateral | Value of collateral that supports this claim | Unsecure portion |
| claim, list the of creditor has a much as possis creditor's name 2.1 Anthony Ortiz, E Creditor's name Friedman Varolo Street Attorneys for We | creditor separately particular claim, lis ble, list the claims e. sq. bllP. ells Fargo Bank | profession of the profession of the other creditors of the other cre | e property that claim: | Amount of claim Do not deduct the value of collateral \$416,368.05 | Value of collateral that supports this claim | Unsecure portion |
| claim, list the of creditor has a much as possis creditor's name 2.1 Anthony Ortiz, E Treditor's name Friedman Varolo Jumber Street Attorneys for We 85 Broad Street, | creditor separately particular claim, lis ible, list the claims e. Sq. LLP. ells Fargo Bank Suite 501 | Describe th secures the Land, New As of the da | nore than one in Part 2. As er according to the e property that c claim: son Avenue, Staten w York ate you file, the claim is: ent | Amount of claim Do not deduct the value of collateral \$416,368.05 | Value of collateral that supports this claim | Unsecure portion |
| claim, list the of creditor has a much as possis creditor's name 2.1 Anthony Ortiz, E Treditor's name Friedman Varolo Jumber Street Attorneys for We 85 Broad Street, | creditor separately particular claim, lis ble, list the claims e. sq. bllP. ells Fargo Bank | Describe th secures the 213 Simon Island, New As of the da Continguity Unliquid | nore than one in Part 2. As ar according to the e property that c claim: ason Avenue, Staten w York ate you file, the claim is: ent lated | Amount of claim Do not deduct the value of collateral \$416,368.05 | Value of collateral that supports this claim | Unsecure portion |
| claim, list the of creditor has a much as possis creditor's name 2.1 Anthony Ortiz, Exceditor's name Friedman Varolo Jumber Street Attorneys for Wei 35 Broad Street, New York | creditor separately particular claim, list the claims e. sq. bLLP. clls Fargo Bank Suite 501 NY 10004 State ZIP Code | Describe th secures the 213 Simon Island, New As of the da Unliquid | nore than one in Part 2. As er according to the e property that e claim: eson Avenue, Staten w York ate you file, the claim is: ent lated | Amount of claim Do not deduct the value of collateral \$416,368.05 | Value of collateral that supports this claim | Unsecure portion |
| claim, list the concreditor has a much as possis creditor's name 2.1 Anthony Ortiz, E Anthony Ortiz, E Creditor's name Friedman Varolo Jumber Street Attorneys for We 35 Broad Street, New York City Who owes the deb | creditor separately particular claim, list the claims e. sq. bLLP. clls Fargo Bank Suite 501 NY 10004 State ZIP Code | Describe th secures the 213 Simon Island, New Continged Uniquid Disputer Nature of lie | nore than one in Part 2. As ar according to the e property that c claim: ason Avenue, Staten w York ate you file, the claim is: ent lated | Amount of claim Do not deduct the value of collateral \$416,368.05 Check all that apply. | Value of collateral that supports this claim \$416,368.05 | Unsecure portion |
| claim, list the concreditor has a much as possis creditor's name. 2.1 Anthony Ortiz, Extenditor's name. Friedman Varologiumber Street. Attorneys for Wester Strong Street, New York City Debtor 1 only Debtor 2 only | creditor separately particular claim, list the claims e. Sq. LLP. Ells Fargo Bank Suite 501 NY 10004 State ZIP Code ot? Check one. | Describe th secures the 213 Simon Island, New Continged Unliquid Disputed Nature of lie | nore than one in Part 2. As er according to the e property that e claim: eson Avenue, Staten w York ate you file, the claim is: ent lated d en. Check all that apply. | Amount of claim Do not deduct the value of collateral \$416,368.05 Check all that apply. | Value of collateral that supports this claim \$416,368.05 | Unsecure portion |
| claim, list the of creditor has a much as possis creditor's name. 2.1 Anthony Ortiz, E. Creditor's name. Friedman Varolo. Aumber Street. Attorneys for Web. B5 Broad Street, New York City Who owes the deb. Debtor 1 only Debtor 2 only Debtor 1 and D | creditor separately particular claim, list the claims e. sq. LLP. ells Fargo Bank Suite 501 NY 10004 State ZIP Code ot? Check one. | Describe th secures the Laim. If m st the other creditors in alphabetical order in alphabetical order in alphabetical or | e property that claim: son Avenue, Staten w York ate you file, the claim is: ent lated d en. Check all that apply. ement you made (such a: y lien (such as tax lien, m nt lien from a lawsuit | Amount of claim Do not deduct the value of collateral \$416,368.05 Check all that apply. | Value of collateral that supports this claim \$416,368.05 | Unsecure portion |
| claim, list the of creditor has a much as possis creditor's name. 2.1 Anthony Ortiz, Exercitor's name. Friedman Varolo Jumber Street. Attorneys for Web. S Broad Street, Who owes the deb. Debtor 1 only Debtor 2 only Debtor 1 and D At least one of | sq. Club Fargo Bank Suite 501 NY 10004 State ZIP Code State 2 Only State debtors and an | Describe th secures the 213 Simon Island, New Continged Uniqued Disputed Nature of lie An agree Monther Judgmenother of Continged Disputed Nature Office | rore than one in Part 2. As ar according to the e property that claim: son Avenue, Staten w York ate you file, the claim is: ent lated d en. Check all that apply, ement you made (such at y lien (such as tax lien, m nt lien from a lawsuit including a right to offset) | Amount of claim Do not deduct the value of collateral \$416,368.05 Check all that apply. s mortgage or secured techanic's lien) | Value of collateral that supports this claim \$416,368.05 | Unsecure portion |
| claim, list the of creditor has a much as possis creditor's name. 2.1 Anthony Ortiz, E. Creditor's name. Friedman Varolo. Aumber Street. Attorneys for Web. B5 Broad Street, New York City Who owes the deb. Debtor 1 only Debtor 2 only Debtor 1 and D | sq. Suite 501 NY 10004 State ZIP Code ot? Check one. | Describe th secures the 213 Simon Island, New Continged Uniqued Disputed Nature of lie An agree Monther Judgmenother of Continged Disputed Nature Office | e property that claim: son Avenue, Staten w York ate you file, the claim is: ent lated d en. Check all that apply. ement you made (such a: y lien (such as tax lien, m nt lien from a lawsuit | Amount of claim Do not deduct the value of collateral \$416,368.05 Check all that apply. s mortgage or secured techanic's lien) | Value of collateral that supports this claim \$416,368.05 | Unsecure portion |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$416,368.05

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$416,368.05

| Fill in this information to identify your c | ase: | | |
|---|--|---|---------------------------|
| Debtor 1 Elizabeth First Name Middle Name | Ovili Last Name | | |
| Debtor 2 (Spouse, if filing) First Name Middle Name | Last Name | | |
| United States Bankruptcy Court for the: EASTERN | DISTRICT OF NEW YORK | | |
| Case number (if known) | | ☐ Check if this is an amended filing | |
| Official Form 106E/F Schedule E/F: Creditors Who Have | e Unsecured Claims | | 12/15 |
| claims. List the other party to any executory contr on Schedule A/B: Property (Official Form 106A/B) a Do not include any creditors with partially secured If more space is needed, copy the Part you need, fi to this page. On the top of any additional pages, we Part 1: List All of Your PRIORITY Uns | and on Schedule G: Executory Con I claims that are listed in Schedule ill it out, number the entries in the vrite your name and case number (| ntracts and Unexpired Leases (Official For D: Creditors Who Hold Claims Secured by boxes on the left. Attach the Continuation | rm 106G). by Property. |
| Do any creditors have priority unsecured clair No. Go to Part 2. Yes. List all of your priority unsecured claims. If a claim. For each claim listed, identify what type of show both priority and nonpriority amounts. As more space is needed for priority unsecured clair claim, list the other creditors in Part 3. | creditor has more than one priority u f claim it is. If a claim has both priori nuch as possible, list the claims in al | ty and nonpriority amounts, list that claim he phabetical order according to the creditor's n | ere and name. If |
| (For an explanation of each type of claim, see the | e instructions for this form in the instr | Total claim Priority No. | onpriority mount |
| Priority Creditor's Name Number Street | Last 4 digits of account number When was the debt incurred? As of the date you file, the claim Contingent | is: Check all that apply. | |
| City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes | Unliquidated Disputed Type of PRIORITY unsecured cla Domestic support obligations Taxes and certain other debts: Claims for death or personal in intoxicated Other. Specify | you owe the government | |

| Debtor 1 | | Elizabeth Ovili | Case number (if known) |
|----------|--|-----------------------------|---|
| E | art 2: | List All of Your NONPRIORIT | Y Unsecured Claims |
| 3. 4. | Do any creditors have nonpriority unsecured No. You have nothing to report in this part. Yes List all of your nonpriority unsecured claims If a creditor has more than one nonpriority unsecured. | | I claims against you? . Submit this form to the court with your other schedules. in the alphabetical order of the creditor who holds each claim. cured claim, list the creditor separately for each claim. For each claim listed, identify what luded in Part 1. If more than one creditor holds a particular claim, list the other creditors in |
| _ | 4.1 | | Total claim Last 4 digits of account number |
| | . , | ditor's Name Street | When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed |
| | Debtor 1 Debtor 2 Debtor 1 At least | | Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify |
| H | Yes | | |

| Debtor 1 | Elizabeth Ovili | Case number (if known) |
|----------|-----------------|------------------------|
| | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | | | Total claim |
|--------------------------|-----|---|------------------|-------------|
| Total claims | 6a. | Domestic support obligations | 6a. | \$0.00 |
| nom rait i | 6b. | Taxes and certain other debts you owe the government | 6b. | \$0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | ^{6d.} + | \$0.00 |
| | 6e. | Total. Add lines 6a through 6d. | 6d. | \$0.00 |
| | | | | Total claim |
| Total claims from Part 2 | 6f. | Student loans | 6f. | \$0.00 |
| | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | ^{6i.} + | \$0.00 |
| | 6j. | Total. Add lines 6f through 6i. | 6j. | \$0.00 |

| Fill in this in | formation to i | dentify your case | : | | |
|--------------------------------|-------------------------|---------------------------|---|--------------------------|---|
| Debtor 1 | Elizabeth First Name | Middle Name | Ovili Last Name | | |
| Debtor 2 (Spouse, if filing |) First Name | Middle Name | Last Name | _ | |
| United States Ba | ankruptcy Court fo | r the: EASTERN DIS | STRICT OF NEW YORK | | |
| Case number (if known) | | | | | Check if this is an amended filing |
| Official Form | n 106G | | | | |
| Schedule G | : Executory | / Contracts an | d Unexpired Leas | es | |
| correct informati | on. If more spac | e is needed, copy the | ed people are filing togeth additional page, fill it out, d case number (if known). | number the entries, and | |
| I. Do you have | any executory c | ontracts or unexpired | d leases? | | |
| L. | | | ourt with your other schedule ne contracts or leases are lis | _ | to report on this form. perty (Official Form 106A/B) |
| 2. List separate | ely each person o | or company with who | m you have the contract o | r lease. Then state what | t each contract or lease |

is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of

Person or company with whom you have the contract or lease

executory contracts and unexpired leases.

State what the contract or lease is for

| | | | | | _ | | |
|-----|-------------------------------|------------------------|---|---|------------------------|--------------------------|-------|
| F | ill in this info | ormation to iden | tify your case: | | | | |
| D | ebtor 1 | Elizabeth | | Ovili | | | |
| | | First Name | Middle Name | Last Name | | | |
| _ | ebtor 2 | First Name | Middle Name | Last Name | . | | |
| (5 | pouse, if filing) | First Name | Middle Name | Last Name | | | |
| U | nited States Bar | nkruptcy Court for the | EASTERN DISTI | RICT OF NEW YORK | | | |
| _ | ase number | | | | | Check if this is an | |
| (if | known) | | | | _ | amended filing | |
| | | | | | _ | | |
| Of | ficial Form | 106H | | | | | |
| | | Your Codebt | ors | | | | 12/15 |
| | incuaic ii. | Tour oodebt | 013 | | | | 12/10 |
| nee | ded, copy the | Additional Page, fill | it out, and number | esponsible for supplying c the entries in the boxes on ne and case number (if kno | the left. Attach the A | dditional Page to this | |
| 1. | Do you have a No Yes | any codebtors? (If | you are filing a joint | case, do not list either spou | se as a codebtor.) | | |
| 2. | | • | | ry property state or territor lew Mexico, Puerto Rico, Te | | - | |
| | ✓ No. Go to | o line 3. | | | | | |
| | | your spouse, former | spouse, or legal equ | ivalent live with you at the ti | me? | | |
| | □ No □ Yes | | | | | | |
| 3. | person shows creditor on S | n in line 2 again as a | codebtor only if the corm 106D), Schedu | le your spouse as a codeb at person is a guarantor o ule E/F (Official Form 106E Column 2. | r cosigner. Make sure | e you have listed the | |
| | Column 1: | Your codebtor | | | Column 2: The cred | itor to whom you owe the | debt |

Check all schedules that apply:

| | ill in this inforn | nation to identi | v vour case. | | | | |
|------------------------|---|--|---|--|-----------------------------------|---------------------------|---|
| ۳ | | Elizabeth | y your case. | Ovili | | | |
| | Debtor 1 | First Name | Middle Name | Last Name | | — Che | ck if this is: |
| | Debtor 2 | | | | | _ _ | An amended filing |
| | (Spouse, if filing) | First Name | Middle Name | Last Name | | | A supplement showing postpetition |
| | United States Bankı | ruptcy Court for the: | EASTERN D | ISTRICT OF NEV | VYORK | - - | chapter 13 income as of the following date: |
| | Case number (if known) | | | | _ | | MM / DD / YYYY |
| 0 | fficial Form 10 |)6I | | | | | WINIT DE 7 TTT |
| S | chedule I: Yo | ur Income | | | | | 12/15 |
| res ind ab yo | sponsible for supply clude information al out your spouse. If ur name and case r | ying correct inforn bout your spouse. more space is ne | nation. If you are If you are separeded, attach a se Answer every o | e married and not ated and your spo eparate sheet to the | filing jointly, ouse is not fi | and your s ling with y | Debtor 2), both are equally spouse is living with you, ou, do not include information any additional pages, write |
| 1. | Fill in your emplo | yment | | | | | |
| | information. If you have more t | han one | | Debtor 1 | | | Debtor 2 or non-filing spouse |
| | job, attach a sepa | rate page Empl | oyment status | Employed | - d | | Employed |
| | additional employe | ers. | antinu | ✓ Not employ | eu | | ☐ Not employed |
| | Include part-time, | | pation | | | | _ |
| | or self-employed v | | oyer's name | | | | |
| | Occupation may in | nclude Empl | oyer's address | | | | |
| | student or homem applies. | | | Number Street | | | Number Street |
| | арриос. | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | City | State | Zip Code | City State Zip Code |
| | | How | ong employed ti | here? | | | |
| | | | | | | - | |
| | | Details About M | | | | | |
| | timate monthly incon- n-filing spouse unles | | | n. If you have noth | ing to report | for any line, | write \$0 in the space. Include your |
| - | ou or your non-filing u need more space, | • | | er, combine the info | ormation for a | all employer | s for that person on the lines below. If |
| | | | | | For De | ebtor 1 | For Debtor 2 or non-filing spouse |
| 2. | | ss wages, salary, a | | | 2. | \$0.00 | |
| 3. | Estimate and list | monthly overtime | рау. | | 3. + | \$0.00 | |
| 4. | Calculate gross i | ncome. Add line 2 | + line 3. | | 4. | \$0.00 | |

Official Form 106I Schedule I: Your Income page 1

| Debt | for 1 Elizabeth Ovili | | Case nur | nbei | (if know | n) | | |
|------|--|----------|-----------------------|------|-----------------------|-----------|---------------------|------|
| | | | For Debtor 1 | | or Debto on-filing | | | |
| | Copy line 4 here | 4. | \$0.00 | | | | _ | |
| 5. | List all payroll deductions: | | | | | | | |
| | 5a. Tax, Medicare, and Social Security deductions | 5a. | \$0.00 | | | | | |
| | 5b. Mandatory contributions for retirement plans | 5b. | \$0.00 | | | | | |
| | 5c. Voluntary contributions for retirement plans | 5c. | \$0.00 | | | | | |
| | 5d. Required repayments of retirement fund loans | 5d. | \$0.00 | | | | | |
| | 5e. Insurance | 5e. | \$0.00 | | | | | |
| | 5f. Domestic support obligations | 5f. | \$0.00 | | | | | |
| | 5g. Union dues | 5g. | \$0.00 | | | | | |
| | 5h. Other deductions. Specify: | _ 5h | +\$0.00 | | | | | |
| | Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$. | 6. | \$0.00 | | | | | |
| 7. | Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$0.00 | | | | | |
| 8. | List all other income regularly received: | | | | | | | |
| | 8a. Net income from rental property and from operating a business, profession, or farm | 8a. | \$0.00 | | | | | |
| | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | | | | | | | |
| | 8b. Interest and dividends | 8b. | \$0.00 | | | | | |
| | 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive | 8c. | \$0.00 | | | | | |
| | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | | | | | | | |
| | 8d. Unemployment compensation | 8d. | \$0.00 | | | | | |
| | 8e. Social Security | 8e. | \$800.00 | | | | | |
| | 8f. Other government assistance that you regularly receive | | · · | | | | | |
| | Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | | | | | | | |
| | Specify: | 8f. | \$0.00 | | | | | |
| | 8g. Pension or retirement income | _ 8g. | \$0.00 | | | | | |
| | 8h. Other monthly income. Specify: | 8h., | + \$0.00 | | | | | |
| 9. | Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. | 9. | \$800.00 | | | | | |
| | Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$800.00 | +[| | | = \$80 | 0.00 |
| | State all other regular contributions to the expenses that you list in S | Sched | ule J. | | | | | |
| | Include contributions from an unmarried partner, members of your house friends or relatives. | hold, y | our dependents, you | r ro | ommates | , and oth | er | |
| | Do not include any amounts already included in lines 2-10 or amounts the | at are | not available to pay | expe | nses liste | ed in Sch | | |
| | Specify: | | | | | 11. | +\$ | 0.00 |
| 12 | Add the amount in the last column of line 10 to the amount in line 11 | . The | result is the combine | d m | onthly | 12. | \$20 | 0.00 |
| | income. Write that amount on the Summary of Your Assets and Liabilitie if it applies. | | | | | 12. | Combined monthly in | |
| 13. | Do you expect an increase or decrease within the year after you file | this fo | orm? | | | | • | |
| | ✓ No. None. Yes. Explain: | | | | | | | |
| | | | | | | | | |

| | rmation to identif | , | | | Check if this | | |
|---|---|--|------------------|-----------------------|---------------|---------------------------------|-----------------|
| Debtor 1 | Elizabeth First Name | Middle Name | Ovili Last Na | me | | ended filing plement showing | nostnetition |
| Debtor 2 | | | | | chapte | er 13 expenses a | |
| (Spouse, if filing) | First Name | Middle Name | Last Na | me | followi | ng date: | |
| United States Bar | nkruptcy Court for the: | EASTERN DIST | RICT OF N | NEW YORK | MM / E | DD / YYYY | <u> </u> |
| Case number (if known) | | | | | | | |
| Official Form | 106J | | | | | | |
| Schedule J: ` | Your Expenses | > | | | | | 12/1 |
| correct information name and case nun | I accurate as possible If more space is nee | eded, attach anothe ver every question. | er sheet to t | • • | | • | |
| Part 1: Desc | cribe Your Housel | h old | | | | | |
| 1. Is this a joint c | ase? | | | | | | |
| ' | line 2. s Debtor 2 live in a se No Yes. Debtor 2 must file | • | | s for Separate Househ | old of Debtor | · 2. | |
| 2. Do you have do | · <u>-</u> | No | | Dependent's relation | nshin to | Dependent's | Does dependen |
| Do not list Debt Debtor 2. | oriand 🗕 | Yes. Fill out this inf for each dependent. | | Dobtor 1 or Dobtor | | age | live with you? |
| Do not state the names. | dependents' | | | | | - | Yes No |
| names. | | | | | | | Yes |
| | | | | | | - | □ No - □ Yes |
| | | | | | | | □ No |
| | | | | | | | - ☐ Yes □ No |
| | | | | | | _ | Yes |
| • | ses include eople other than our dependents? | ✓ No ☐ Yes | | | | | |
| Part 2: Estin | mate Your Ongoir | na Monthly Exp | enses | | | | |
| Estimate your expe | nses as of your banki as of a date after the | ruptcy filing date u | nless you a | - | | • | |
| | aid for with non-cash d have included it on | • | • | | | Your expens | ses |
| | ome ownership exper | • | | | | 4. | |
| include first filo | in line 4. | | | | | | |
| If not included | in line 4: | | | | | | |
| | | | | | | 4a | |
| If not included | | s insurance | | | | 4a 4b | |
| If not included 4a. Real estate 4b. Property, h | e taxes | | | | | | |

| Der | Elizabeth Oviii | Case number (if known) | |
|-----|---|------------------------|----------|
| | | Your expense | es |
| 5. | Additional mortgage payments for your residence, such as home equity loans | 5. | |
| 6. | Utilities: | | |
| | 6a. Electricity, heat, natural gas | 6a. | \$300.00 |
| | 6b. Water, sewer, garbage collection | 6b | |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c | \$50.00 |
| | 6d. Other. Specify: | 6d | |
| 7. | Food and housekeeping supplies | 7 | \$300.00 |
| 8. | Childcare and children's education costs | 8. | |
| 9. | Clothing, laundry, and dry cleaning | 9. | |
| 10. | Personal care products and services | 10. | \$200.00 |
| 11. | Medical and dental expenses | 11. | |
| 12. | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | |
| 14. | Charitable contributions and religious donations | 14. | |
| 15. | Insurance. | | |
| | Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance | 15a. | |
| | 15b. Health insurance | | |
| | 15c. Vehicle insurance | 150 | |
| | 15d. Other insurance. Specify: | | |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | 13u. | |
| | Specify: | 16. | |
| 17. | Installment or lease payments: | | |
| | 17a. Car payments for Vehicle 1 | 17a | |
| | 17b. Car payments for Vehicle 2 | 17b | |
| | 17c. Other. Specify: | 17c | |
| | 17d. Other. Specify: | 17d | |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | |
| 19. | Other payments you make to support others who do not live with you. Specify: | 19. | |
| | | | |

| Deb | tor 1 | Elizabeth Ovili | Case number (if known) | |
|-----|-------|--|------------------------|-----------|
| 20. | | real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income. | | |
| | 20a. | Mortgages on other property | 20a | |
| | 20b. | Real estate taxes | 20b | |
| | 20c. | Property, homeowner's, or renter's insurance | 20c | |
| | 20d. | Maintenance, repair, and upkeep expenses | 20d | |
| | 20e. | Homeowner's association or condominium dues | 20e | |
| 21. | Other | . Specify: | 21. + | |
| 22. | Calcu | late your monthly expenses. | | |
| | 22a. | Add lines 4 through 21. | 22a | \$850.00 |
| | 22b. | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J | -2. 22b | |
| | 22c. | Add line 22a and 22b. The result is your monthly expenses. | 22c | \$850.00 |
| 23. | Calcu | late your monthly net income. | | |
| | 23a. | Copy line 12 (your combined monthly income) from Schedule I. | 23a. <u> </u> | \$800.00 |
| | 23b. | Copy your monthly expenses from line 22c above. | 23b. _ | \$850.00 |
| | 23c. | Subtract your monthly expenses from your monthly income. The result is your monthly net income. | 23c | (\$50.00) |
| 24. | Do yo | ou expect an increase or decrease in your expenses within the year after y | ou file this form? | |
| | | xample, do you expect to finish paying for your car loan within the year or do you ent to increase or decrease because of a modification to the terms of your more | | |
| | | No. Yes. Explain here: None. | | |

| | ill in this inf | ormation to i | dentify your case: | | Ī | |
|------------|----------------------------------|----------------------|--|---|---|------------------------------------|
| | ebtor 1 | Elizabeth | continy your case. | Ovili | | |
| | ebioi i | First Name | Middle Name | Last Name | | |
| | ebtor 2 Spouse, if filing) | First Name | Middle Name | Last Name | | |
| υ | nited States Bar | nkruptcy Court fo | the: EASTERN DIS | TRICT OF NEW YORK | | |
| | ase number f known) | | | | | if this is an ed filing |
| O1 | fficial Form | 106Sum | | | _ | |
| Sı | ummary of | Your Asse | ts and Liabilit | ies and Certain Sta | tistical Information | 12/15 |
| coi scl | rrect informationedules after yo | on. Fill out all of | your schedules first; nal forms, you must f | then complete the information | both are equally responsible fon on this form. If you are filin heck the box at the top of this | g amended |
| | | | | | | Your assets |
| 4 | Cahadula A/D | . Dronowh / Officia | L Form 1064/D) | | | Value of what you own |
| 1. | | : Property (Officia | , | В | | \$0.00 |
| | та. Сорушне | 5 55, Total leal es | iale, IIOIII Schedule A | Б | | |
| | 1b. Copy line | e 62, Total person | al property, from Sche | dule A/B | | \$1,600.00 |
| | 1c. Copy line | e 63, Total of all p | roperty on Schedule A | /B | | \$1,600.00 |
| P | art 2: Su | mmarize You | · Liabilities | | | |
| | | | | | | Your liabilities Amount you owe |
| 2. | | | | Property (Official Form 106D) claim, at the bottom of the las | t page of Part 1 of Schedule D | \$416,368.05 |
| 3. | | | | s (Official Form 106E/F) ared claims) from line 6e of Sch | nedule E/F | \$0.00 |
| | 3b. Copy the | total claims from | Part 2 (nonpriority uns | secured claims) from line 6j of 3 | Schedule E/F | +\$0.00 |
| | | | | | Your total liabilities | \$416,368.05 |
| F | art 3: Su | mmarize You | Income and Exp | enses | | |
| 4. | | our Income (Offic | | Schedule I | | \$800.00 |
| 5. | | | fficial Form 106J) om line 22c of Schedu | le J | | \$850.00 |

| Deb | otor 1 | Elizabeth Ovili | Case number (if known) | |
|-----|-------------------------|--|--|---|
| P | art 4 | Answer These Questions for Administrative and Statistic | ical Records | |
| 6. | Are | you filing for bankruptcy under Chapters 7, 11, or 13? | | |
| | | No. You have nothing to report on this part of the form. Check this box and sub Yes | submit this form to the court with your other schedules. | |
| 7. | Wha | at kind of debt do you have? | | |
| | $\overline{\mathbf{A}}$ | Your debts are primarily consumer debts. Consumer debts are those "incurr family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statist | | |
| | | Your debts are not primarily consumer debts. You have nothing to report on this form to the court with your other schedules. | | |
| В. | | m the Statement of Your Current Monthly Income: Copy your total current monoial Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | , ¢000 00 | _ |
| 9. | Сор | by the following special categories of claims from Part 4, line 6 of <i>Schedule</i> | le E/F: | |
| | | | Total claim | |
| | Froi | m Part 4 on Schedule E/F, copy the following: | | |
| | 9a. | Domestic support obligations. (Copy line 6a.) | \$0.00 | |
| | 9b. | Taxes and certain other debts you owe the government. (Copy line 6b.) | \$0.00 | |
| | 9c. | Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$0.00 | |
| | 9d. | Student loans. (Copy line 6f.) | \$0.00_ | |
| | 9e. | Obligations arising out of a separation agreement or divorce that you did not repriority claims. (Copy line 6g.) | report as \$0.00 | |
| | 9f. | Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h. | sh.) + \$0.00 | |

9g. Total. Add lines 9a through 9f.

\$0.00

| Fill in this info | ormation to id | entify your case: | | |
|--|------------------------------|---------------------------|---------------------------------|---|
| Debtor 1 | Elizabeth | Mill N | Ovili | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States Bar | nkruptcy Court for | the: EASTERN DIS T | TRICT OF NEW YORK | |
| Case number (if known) | | | | Check if this is an amended filing |
| Official Form | 106Dec | | | |
| Declaration | About an In | dividual Debto | or's Schedules | 12/15 |
| f two married peo | ople are filing toge | ether, both are equall | y responsible for supplying | correct information. |
| concealing proper \$250,000, or impri | rty, or obtaining n | noney or property by | | les. Making a false statement, ankruptcy case can result in fines up to and 3571. |
| Did you pay o | or agree to pay so | meone who is NOT a | an attorney to help you fill ou | t bankruptcy forms? |
| I ✓ No | | | | |
| Yes. Na | ame of person | | | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| Under penalty true and corre | | lare that I have read | the summary and schedules | filed with this declaration and that they are |
| X /s/ Elizab | eth Ovili Ovili, Debtor 1 | | X Signature of Debtor 2 | |
| Date 02/ 2 | • | | Date MM / DD / YYYY | - |

| F | | | | | | | |
|----------|--|--|---|---|--|------------------------------------|-------|
| | ill in this inf | ormation to ider | itify your case: | | | | |
| D | ebtor 1 | Elizabeth First Name | Middle Name | Ovili Last Name | _ | | |
| | ebtor 2 Spouse, if filing) | First Name | Middle Name | Last Name | _ | | |
| U | nited States Bar | nkruptcy Court for the | EASTERN DIS | TRICT OF NEW YORK | _ | | |
| _ | ase number f known) | | | | | Check if this is an amended filing | |
| Of | fficial Form | 107 | | | | | |
| St | atement o | f Financial Af | fairs for Indi | ividuals Filing for | Bankruptcy | | 04/19 |
| yοι | ur name and ca | n. If more space is se number (if know | • | separate sheet to this form. question. | On the top of any add | iitionai pages, write | |
| | | e Details About | Your Marital S | tatus and Where You | Lived Before | | |
| 1. | | current marital state | | tatus and Where You | Lived Before | | |
| | What is your ☐ Married ☑ Not marrie During the las | current marital statued | us? lived anywhere of | tatus and Where You ther than where you live no | ow? | | |
| 1. 2. | What is your ☐ Married ☑ Not marrie During the las ☑ No ☐ Yes. List Within the las (Community p | current marital statued st 3 years, have you all of the places you st 8 years, did you e | us? lived anywhere of lived in the last 3 year live with a spo | ther than where you live no | ow? You live now. I community property | • | |

| Deb | otor 1 | Elizabeth | n Ovili Case number (if known) |
|-----|-----------------------|--|--|
| P | art 2: | Explair | n the Sources of Your Income |
| 4. | Fill in the | total amo | income from employment or from operating a business during this year or the two previous calendar years? bunt of income you received from all jobs and all businesses, including part-time activities. bint case and you have income that you receive together, list it only once under Debtor 1. |
| | ✓ No ☐ Yes. | Fill in the | e details. |
| 5. | Include in unemplo | ncome reg yment; and bling and l | ny other income during this year or the two previous calendar years? gardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; d other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; lottery winnings. If you are in a joint case and you have income that you received together, list it only once under |
| | List each | source ar | nd the gross income from each source separately. Do not include income that you listed in line 4. |
| | ✓ No ☐ Yes. | Fill in the | e details. |
| Р | art 3: | List Ce | ertain Payments You Made Before You Filed for Bankruptcy |
| 6. | Are eithe | er Debtor | 1's or Debtor 2's debts primarily consumer debts? |
| | □ No. | | Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as d by an individual primarily for a personal, family, or household purpose." |
| | | During t | the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more? |
| | | □ No. | Go to line 7. |
| | | ☐ Yes. | List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. |
| | | * Subjec | ct to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment. |
| | ✓ Yes. | Debtor | 1 or Debtor 2 or both have primarily consumer debts. |
| | | During t | the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? |
| | | ✓ No. | Go to line 7. |
| | | Yes. | List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. |

| Deb | tor 1 <u>El</u> | lizabeth Ovili | Case number (if known) | | |
|---|--|--|---|--|--|
| 7. | Insiders in corporation agent, include | n 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? ers include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; rations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations as child support and alimony. | | | |
| | ✓ No ☐ Yes. L | List all payments to an insider. | | | |
| 8. | • | rear before you filed for bankruptcy, did you make any payments or t an insider? | transfer any property on account of a debt that | | |
| Include payments on debts guaranteed or cosigned by an insider. | | | | | |
| | ✓ No ☐ Yes. L | List all payments that benefited an insider. | | | |
| P | art 4: | Identify Legal Actions, Repossessions, and Foreclosure | es | | |
| 9. | List all suc | rear before you filed for bankruptcy, were you a party in any lawsuit, on matters, including personal injury cases, small claims actions, divorce ons, and contract disputes. | | | |
| | ✓ No ☐ Yes. F | Fill in the details. | | | |
| 10. | seized, or | rear before you filed for bankruptcy, was any of your property repose levied? that apply and fill in the details below. | sessed, foreclosed, garnished, attached, | | |
| | | Go to line 11. Fill in the information below. | | | |
| 11. | | days before you filed for bankruptcy, did any creditor, including a barrow from your accounts or refuse to make a payment because you owed | | | |
| | ✓ No ☐ Yes. F | Fill in the details. | | | |
| 12. | | ear before you filed for bankruptcy, was any of your property in the a court-appointed receiver, a custodian, or another official? | possession of an assignee for the benefit of | | |
| | ✓ No ☐ Yes | | | | |

| Deb | otor 1 | Elizabeth Ovili | Case number (if known) |
|-----|---------------|---|--|
| Pa | art 5: | List Certain Gifts and Contributions | |
| 13. | Within 2 | 2 years before you filed for bankruptcy, did you give any gifts v | rith a total value of more than \$600 per person? |
| | ✓ No ☐ Yes | os. Fill in the details for each gift. | |
| 14. | | 2 years before you filed for bankruptcy, did you give any gifts o charity? | r contributions with a total value of more than \$600 |
| | ✓ No ☐ Yes | os. Fill in the details for each gift or contribution. | |
| Pa | art 6: | List Certain Losses | |
| 15. | | 1 year before you filed for bankruptcy or since you filed for bar disaster, or gambling? | kruptcy, did you lose anything because of theft, fire, |
| | ✓ No ☐ Yes | es. Fill in the details. | |
| Pa | art 7: | List Certain Payments or Transfers | |
| 16. | | 1 year before you filed for bankruptcy, did you or anyone else a e you consulted about seeking bankruptcy or preparing a bankr | |
| | Include | e any attorneys, bankruptcy petition preparers, or credit counseling a | gencies for services required for your bankruptcy. |
| | ✓ No ☐ Yes | es. Fill in the details. | |
| 17. | | 1 year before you filed for bankruptcy, did you or anyone else a e who promised to help you deal with your creditors or to make | |
| | Do not i | include any payment or transfer that you listed on line 16. | |
| | ✓ No ☐ Yes | es. Fill in the details. | |
| 18. | | 2 years before you filed for bankruptcy, did you sell, trade, or or try transferred in the ordinary course of your business or finance | |
| | | e both outright transfers and transfers made as security (such as gra include gifts and transfers that you have already listed on this state | |
| | ✓ No ☐ Yes | o es. Fill in the details. | |
| 19. | | 10 years before you filed for bankruptcy, did you transfer any pre a beneficiary? (These are often called asset-protection devices | · · |
| | ✓ No ☐ Yes | es. Fill in the details. | |
| | | | |

| Deb | otor 1 | Elizabeth Ovili | Case number (if known) |
|-----|---------------|---|--|
| Р | art 8: | List Certain Financial Accounts, Instruments, Safe Depo | sit Boxes, and Storage Units |
| 20. | | 1 year before you filed for bankruptcy, were any financial accounts or ir closed, sold, moved, or transferred? | nstruments held in your name, or for your |
| | | checking, savings, money market, or other financial accounts; certificates of pension funds, cooperatives, associations, and other financial institutions. | f deposit; shares in banks, credit unions, brokerage |
| | ✓ No ☐ Yes | s. Fill in the details. | |
| 21. | - | now have, or did you have within 1 year before you filed for bankruptcy urities, cash, or other valuables? | , any safe deposit box or other depository |
| | ☑ No ☐ Yes | s. Fill in the details. | |
| 22. | - | ou stored property in a storage unit or place other than your home withi | n 1 year before you filed for bankruptcy? |
| | ✓ No ☐ Yes | s. Fill in the details. | |
| Р | art 9: | Identify Property You Hold or Control for Someone Else | |
| 23. | - | hold or control any property that someone else owns? Include any proin trust for someone. | perty you borrowed from, are storing for, |
| | ✓ No ☐ Yes | s. Fill in the details. | |
| Р | art 10: | Give Details About Environmental Information | |
| For | the purp | pose of Part 10, the following definitions apply: | |
| | hazardoı | nental law means any federal, state, or local statute or regulation conce us or toxic substance, wastes, or material into the air, land, soil, surface g statutes or regulations controlling the cleanup of these substances, w | water, groundwater, or other medium, |
| | | ins any location, facility, or property as defined under any environmenta or used to own, operate, or utilize it, including disposal sites. | al law, whether you now own, operate, or |
| | | us material means anything an environmental law defines as a hazardo ce, hazardous material, pollutant, contaminant, or similar item. | us waste, hazardous substance, toxic |
| Rep | oort all n | otices, releases, and proceedings that you know about, regardless of w | hen they occurred. |
| 24. | Has an | y governmental unit notified you that you may be liable or potentially lia | ble under or in violation of an environmental |
| | ✓ No ☐ Yes | s. Fill in the details. | |
| 25. | ☑ No | ou notified any governmental unit of any release of hazardous material? 5. Fill in the details. | |
| | _ | | |

| Deb | otor 1 | Elizabeth Ovili | Case number (if known) | | | |
|------------|---|---|--|--|--|--|
| 26. | Have you | been a party in any judicial or administrative proceeding under any environmental law? Include settlements and | | | | |
| | ✓ No ☐ Yes | s. Fill in the details. | | | | |
| Р | art 11: | Give Details About Your Busines | s or Connections to Any Business | | | |
| 27. | Within busines | | you own a business or have any of the following connections to any | | | |
| | | A sole proprietor or self-employed in a trade A member of a limited liability company (LLC A partner in a partnership An officer, director, or managing executive of An owner of at least 5% of the voting or equ | of a corporation | | | |
| | | None of the above applies. Go to Part 12. S. Check all that apply above and fill in the de | tails below for each business. | | | |
| 28. | | 2 years before you filed for bankruptcy, did ncial institutions, creditors, or other parties | you give a financial statement to anyone about your business? Include | | | |
| | □ No □ Yes | s. Fill in the details below. | | | | |
| Р | art 12: | Sign Below | | | | |
| tha pro | t answer perty by | s are true and correct. I understand that m | Affairs and any attachments, and I declare under penalty of perjury aking a false statement, concealing property, or obtaining money or e can result in fines up to \$250,000, or imprisonment for up to 20 years, | | | |
| X | /s/ Eliza | beth Ovili X | | | | |
| | | Ovili, Debtor 1 | Signature of Debtor 2 | | | |
| | Date _ | 02/28/2020 | Date | | | |
| | Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? | | | | | |
| | No Yes | | | | | |
| Did | you pay | or agree to pay someone who is not an att | orney to help you fill out bankruptcy forms? | | | |
| | | me of person | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | | | |

| F | ill in this inf | ormation to iden | tify your case: | | | | | |
|------------|--|---|-----------------------------|--------------------|-------------------------------------|--|----------------|---------------------------------------|
| De | ebtor 1 | Elizabeth First Name | Middle Name | Ovili Last Name | | | | |
| De | ebtor 2 | ristranio | Middle Hame | Lactivanio | | | | |
| (S | spouse, if filing) | First Name | Middle Name | Last Name | | | | |
| Uı | nited States Bar | nkruptcy Court for the: | EASTERN DISTR | ICT OF NE | W YORK | | | |
| _ | ase number known) | | | | | | | Check if this is an amended filing |
| | Official Form 108 | | | | | | | |
| St | atement o | f Intention for | Individuals F | iling Un | der Chapt | er 7 | | 12/15 |
| If y | ou are an indiv | idual filing under cha | apter 7, you must fill | out this for | m if: | | | |
| - | creditors have | claims secured by y | our property, or | | | | | |
| - : | you have lease | d personal property | and the lease has n | ot expired. | | | | |
| of c | | form with the court whever is earlier, unless on the form. | - | | | - | | _ |
| | • | ple are filing togethe t sign and date the fo | • | th are equal | ly responsible | for supplying corre | ct informatio | n. |
| | • | nd accurate as possi write your name and | • | | tach a separate | e sheet to this form. | On the top | of any |
| Р | art 1: Lis | t Your Creditors | Who Hold Secur | ed Claims | 6 | | | |
| 1. | | tors that you listed in | n Part 1 of <i>Schedule</i> | e D: Credito | rs Who Hold Cl | aims Secured by Pr | operty (Offic | cial Form 106D), |
| | Identify the c | reditor and the prope | erty that is collateral | | at do you intend perty that secu | d to do with the res a debt? | • | claim the property npt on Schedule C? |
| | Creditor's name: | Anthony Ortiz, E | sq. | | Surrender the prop | property. Derty and redeem it. | □ No □ Yes | 3 |
| | Description of property securing debt: | New York | venue, Staten Isla | ınd, □ | Reaffirmation A | perty and enter into a Agreement. perty and [explain]: | | |
| | | | | _ | Short sale th | e property | | |
| Р | art 2: Lis | t Your Unexpired | l Personal Prope | erty Lease | s | | | |
| fill i | in the informati | l personal property lo ion below. Do not lis ay assume an unexp | st real estate leases. | Unexpired | leases are leas | es that are still in e | ffect; the lea | - |
| | Describe you | r unexpired persona | I property leases | | | | Will this l | ease be assumed? |
| | None. | | | | | | | |

| Debtor 1 | Elizabeth Ovili | | Case number (if known) |
|------------|--|-----------------------|---|
| Part 3: | Sign Below | | |
| | penalty of perjury, I declare that property that is subject to a | - | any property of my estate that secures a debt and |
| X /s/ Eliz | abeth Ovili | X | |
| Elizabet | h Ovili, Debtor 1 | Signature of Debtor 2 | |
| | 2/28/2020 MM / DD / YYYY | Date MM / DD / YYYY | , _ |

B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK BROOKLYN DIVISION

| In | re Elizabeth Ovili | Case No. | |
|----|--|-------------------------------|---------------------------------|
| | | Chapter | 7 |
| | DISCLOSURE OF COMPENSATION O | F ATTORNEY FOR | DEBTOR |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that compensation paid to me within one year before the filing of the services rendered or to be rendered on behalf of the debtor(s) in co is as follows: | e petition in bankruptcy, or | agreed to be paid to me, for |
| | For legal services, I have agreed to accept | | \$500.00 |
| | Prior to the filing of this statement I have received | | \$500.00 |
| | Balance Due | | \$0.00 |
| 2. | The source of the compensation paid to me was: ☐ Other (specify) | | |
| 3. | The source of compensation to be paid to me is: | | |
| | ✓ Debtor ☐ Other (specify) | | |
| 4. | I have not agreed to share the above-disclosed compensation associates of my law firm. | with any other person unle | ss they are members and |
| | ☐ I have agreed to share the above-disclosed compensation with associates of my law firm. A copy of the agreement, together w compensation, is attached. | | |
| 5. | In return for the above-disclosed fee, I have agreed to render legal | service for all aspects of th | e bankruptcy case, including: |
| | a. Analysis of the debtor's financial situation, and rendering advice bankruptcy; | to the debtor in determining | g whether to file a petition in |
| | b. Preparation and filing of any petition, schedules, statements of a | ffairs and plan which may b | pe required; |
| | c. Representation of the debtor at the meeting of creditors and con | firmation hearing, and any | adjourned hearings thereof: |

| D2020 | /Earm | 2020) | (12/15) | ۱ |
|--------------|-------|-------|---------|---|
| BZUӠU | (Form | 20301 | (12/15 | ۱ |

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

02/28/2020 /s/ ROBERT PRIGNOLI, ESQ

Date

ROBERT PRIGNOLI, ESQ
Law Office of Robert Prignoli
475 Bement Avenue

Staten Island, New York 10310

Phone: (718) 815-7800 / Fax: (718) 818-8430

Bar No. 012801989

/s/ Elizabeth Ovili

Elizabeth Ovili

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK BROOKLYN DIVISION

IN RE: Elizabeth Ovili CASE NO

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

| knowledge. | |
|----------------|--|
| | |
| | |
| Date 2/28/2020 | Signature /s/ Flizabeth Ovili |
| Date | Signature //s/ Elizabeth Ovili Elizabeth Ovili |
| | |

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her

| F | ill in this in | formation to i | identify your case | 9 : | Check one | e box only as direc | cted in this |
|---------------------------|--|--|--|--|--|---|------------------|
| | ebtor 1 | Elizabeth | | Ovili | form and | in Form 122A-1Su | pp: |
| | | First Name | Middle Name | Last Name | 1. There is | no presumption of abus | se. |
| | ebtor 2 Spouse, if filing |) First Name | Middle Name | Last Name | of abuse | ulation to determine if a applies will be made ur | nder Chapter 7 |
| υ | nited States Ba | ankruptcy Court fo | or the: EASTERN DIS | STRICT OF NEW YORK | | est Calculation (Official | |
| | ase number f known) | | | | | ns Test does not apply ed military service but it | |
| | | | | | Check if t | his is an amended filing | J |
| Of | ficial Form | n 122A-1 | | | | | |
| Cł | napter 7 S | Statement o | f Your Current | t Monthly Income | | | 12/1 |
| info are mil 122 | ormation appli exempted fro itary service, (2A-1Supp) with | es. On the top o m a presumptior complete and file n this form. | of any additional page n of abuse because yo | sheet to this form. Include thes, write your name and case ou do not have primarily corption from Presumption of Al | e number (if known nsumer debts or be | n). If you believe that y ecause of qualifying | you |
| 1. | What is your | r marital and filin | g status? Check one | only. | | | |
| | Not mai | rried. Fill out Colu | umn A, lines 2-11. | | | | |
| | — | and your spous | e is filing with you. F | Fill out both Columns A and B, | lines 2-11. | | |
| | — | and your spous | e is NOT filing with y | ou. You and your spouse ar | re: | | |
| | Liv | ring in the same | household and are no | ot legally separated. Fill out b | ooth Columns A and | d B, lines 2-11. | |
| | ded | clare under penalt | ty of perjury that you ar | ed. Fill out Column A, lines 2-1 and your spouse are legally sep as that do not include evading | parated under nonba | ankruptcy law that appli | es or that you |
| | bankruptcy of August 31. If in the result. | case. 11 U.S.C. f the amount of your Do not include an | § 101(10A). For examour monthly income varing income amount more | ved from all sources, derived apple, if you are filing on Septen ried during the 6 months, addre than once. For example, if I have nothing to report for any | mber 15, the 6-mon the income for all 6 both spouses own t | th period would be Marc months and divide the he same rental property | total by 6. Fill |
| | | | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | |
| 2. | _ | wages, salary, tip yroll deductions). | ps, bonuses, overtime | e, and commissions | \$0.00 | | |
| 3. | Alimony and if Column B i | • | ayments. Do not inclu | ide payments from a spouse | \$0.00 | | |
| 4. | expenses of regular contri | you or your dep butions from an u ents, parents, and | l roommates. Include r | - | \$0.00 | | |

| Deb | tor 1 Elizabeth Ovili | | | c | ase number (if k | nown) |
|-----|---|--|--|------------|--------------------|---|
| | | | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse |
| 5. | Net income from operating | g a business, profession, o | or farm | | | |
| | | Debtor 1 | Debtor 2 | | | |
| | Gross receipts (before all deductions) | \$0.00 | | - | | |
| | Ordinary and necessary ope expenses | erating — \$0.00 | | - Copy | | |
| | Net monthly income from a profession, or farm | business, \$0.00 | | here | \$0.00 | |
| 6. | Net income from rental and | d other real property | | | | |
| | | Debtor 1 | Debtor 2 | | | |
| | Gross receipts (before all deductions) | \$0.00 | | - | | |
| | Ordinary and necessary ope expenses | erating – \$0.00 | | - Copy | | |
| | Net monthly income from re- other real property | ntal or \$0.00 | | here | \$0.00 | |
| 7. | Interest, dividends, and ro | yalties | | | \$0.00 | |
| 8. | Unemployment compensa | tion | | | \$0.00 | |
| | Do not enter the amount if y benefit under the Social Sec | | e: ↓ | .00 | | |
| | For your spouse | | | | | |
| 9. | Pension or retirement inco was a benefit under the Soc next sentence, do not include allowance paid by the United disability, combat-related injuniformed services. If you re of title 10, then include that amount of retired pay to which under any provision of title 1 | ial Security Act. Also, excepted any compensation, pension of States Government in concury or disability, or death of eceived any retired pay paic pay only to extent that it does ch you would otherwise be excepted. | of as stated in the con, pay, annuity, conection with a a member of the dunder chapter 6 as not exceed the entitled if retired | or | \$800.00 | |
| 10. | Income from all other sour amount. Do not include any payments received as a vict international or domestic ter or allowance paid by the Un disability, combat-related injuniformed services. If nece and put the total below. | benefits received under the im of a war crime, a crime a rorism; or compensation, pe ited States Government in c ury or disability, or death of | e Social Security A gainst humanity, on ension, pay, annui connection with a a member of the | Act; or | | |
| | Total amounts from separate | e pages, if any. | | | | + |

| Add line | | Elizabeth Ovili | | Case number (if known) Column A Debtor 1 Debtor 2 or non-filing spouse \$800.00 Total current monthly income | | | | | |
|----------|---|---|---------------------------------|--|------------------------|--|--|--|--|
| | | late your total current monthly income. nes 2 through 10 for each column. add the total for Column A to the total for Column Determine Whether the Means 1 | | | | | | | |
| 12. | Calcul | late your current monthly income for the yo | ear. Follow these steps: | | | | | | |
| | 12a. | Copy your total current monthly income from | line 11 | Copy line 11 here | 12a. \$800.00 | | | | |
| | | Multiply by 12 (the number of months in a year | ar). | | X 12 | | | | |
| | 12b. | The result is your annual income for this part | of the form. | | 12b. \$9,600.00 | | | | |
| 13. | Calcul | late the median family income that applies | to you. Follow these steps: | | | | | | |
| | Fill in t | he state in which you live. | New York |] | | | | | |
| | Fill in t | the number of people in your household. | 1 |] | | | | | |
| | Fill in t | he median family income for your state and s | ize of household | | \$ 56,120.00 | | | | |
| | | d a list of applicable median income amounts, tions for this form. This list may also be avai | | · | | | | | |
| 14. | How d | lo the lines compare? | | | | | | | |
| | 14a. | 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Do NOT fill out or file Official Form 122A-2. | | | | | | | |
| | 14b. | Line 12b is more than line 13. On the to Go to Part 3 and fill out Form 122A-2. | | presumption of abuse is determined | d by Form 122A-2. | | | | |
| P | art 3: | Sign Below | | | | | | | |
| | By si | gning here, I declare under penalty of perjury | that the information on this st | atement and in any attachments is to | rue and correct. | | | | |
| | ># /- | of Elizabath Ovill | ., | | | | | | |
| | <i>_</i> | 6/ Elizabeth Ovili lizabeth Ovili, Debtor 1 | X Sign | ature of Debtor 2 | | | | | |
| | D | MM / DD / YYYY | Date | MM / DD / YYYY | | | | | |
| | If you | u checked line 14a, do NOT fill out or file Forn | m 122A-2. | | | | | | |
| | If you checked line 14b, fill out Form 122A-2 and file it with this form. | | | | | | | | |